

Case Number:	CM13-0020990		
Date Assigned:	12/11/2013	Date of Injury:	03/13/2012
Decision Date:	02/12/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 60-year-old female who reported an injury on 03/13/2012. The patient has been seen for ongoing right knee pain and lower back pain. The patient has stated that her pain is constant and aching, which is exacerbated when bending over and sitting for long periods of time. On the exam date of 09/06/2013, the patient stated that without pain medications, her pain level is 6/10 and with medications it is a 2/10. With her medications, the patient receives 90% pain relief, otherwise has difficulty with bending and stooping and general difficulty with activities of daily living (ADLs). The patient was most recently seen on 12/04/2013 with chronic pain of her right knee and lower back. Her symptomatic complaints are virtually unchanged since the previous date of 11/05/2013, and as well as the 09/2013 visit date. Objective findings noted negative straight leg raise bilaterally, positive tenderness to palpation of the right paravertebral lumbar musculature with positive twitch response, and 5/5 strength bilaterally on the lower extremities. The patient has been diagnosed with lumbar stenosis, lumbosacral spondylosis without myelopathy, and lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Etodolac 200mg #60 QTY. 60.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: Under California MTUS Guidelines, it states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs are recommended as a second line treatment after acetaminophen for back pain with acute exacerbations of chronic pain. The documentation notes the patient has been utilizing this medication since at least 01/2013; however, objective measurements have been provided showing the patient does receive adequate pain reduction with the use of her medication. At this time, the requested service for Etodolac 200 mg would be considered medically appropriate for this patient. As such, the requested service is certified.

Tramadol 50mg #120 QTY. 120.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Under California MTUS, for chronic back pain, opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to a suggestion of reassessment and consideration of alternative therapy. In the case of this patient, she has stated that her medications have given her between 80% and 100% pain relief, enables her to perform activities of daily living, and has allowed her to go for a longer period of time without needing to rest. The documentation does provide a urine drug screen performed on 11/25/2013 which notes that there were negative results for any misuse of prescription medications. It showed that the patient was negative for the use of Ultram, which could be due to not taking the medication as prescribed or to one's metabolism. California MTUS further states that to discontinue opioids, a patient must be noted to have no overall improvement in function, unless there are extenuating circumstances, has continuing pain with evidence of intolerable, adverse effects, a decrease in functioning, or a resolution in pain. A patient should also be discontinued if serious nonadherence is occurring, or the patient is requesting discontinuance. In the case of this patient, she has been shown to have documented improvement with her use of medication towards relieving her pain, as well as increasing her functional ability. Furthermore, with her current urine drug screen being consistent with her prescription medication, the request for Tramadol 50 mg, #120, would be deemed appropriate for this patient. As such, the requested service is certified.

one month follow-up visit QTY. 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits

Decision rationale: According to Official Disability Guidelines, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. In the case of this patient, because she has been seen for on-going chronic back pain and has been utilizing opioids for pain relief, it would be medically necessary for her physician to monitor her for effective pain relief as well as medication compliance. Therefore, the request for a follow-up visit QTY: 1.00 would be medically appropriate for this patient. As such, the requested service is certified.